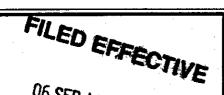


## CERTIFICATE OF **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)



06 SEP 18 PM 1:41

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the estimates business name:  Name  SINA DEMINISTRA 4890	entity or individual(s) doing  Complete Address  5 WALBERSK
3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Central Response Table 2005   10	•
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only
Signature:  Printed Name:  Capacity/Title:  (segnature required)  Capacity/Title:  (segnature required)	IDAHO SECRETARY OF STATE  99/18/2006 05 ± 000  CK: CASH CT: 158818 BH: 975679  1 0 25.00 = 25.00 ASSUM MANE 8 2